

## **NH MEDICAL CONTROL BOARD**

**St. Joseph Medical Center  
Nashua, NH**

### **APPROVED MINUTES**

**September 16, 2004**

**Members Present:** Donavon Albertson, MD; Joseph Mastromarino, MD; Frank Hubbell, DO; William Siegart, DO; Tom D'Aprix, MD; Chris Fore, MD;  
Jim Martin, MD; Douglas McVicar, MD; Joseph Sabato, MD; Sue Prentiss, Bureau Chief;

**Members Absent:** Patrick Lanzetta, MD; Norman Yanofsky, MD; John Sutton, MD; Jeff Johnson, MD;

**Guests:** David Hogan, Steve Erickson, Jeanne Erickson, Fred Heinrich, Janet Houston, Doug Martin, Fran Dupuis, Jeff Stone, Dave Dubey, Dr. Robert Gougelet,

**Bureau Staff:** Kathy Doolan, Field Service Coordinator; Fred von Recklinghausen, Research Coordinator; John Clark, ALS Coordinator; Clay Odell, Trauma Coordinator

#### **I. CALL TO ORDER**

**Item 1.** The meeting of the EMS & Medical Control Board was called to order at 0920 by Dr. Doug McVicar on September 16, 2004 at St. Joseph Medical Center in Nashua, NH.

#### **II. ACCEPTANCE OF MINUTES**

**Item 1. Minutes:** Motion was made by Dr. Albertson and seconded by Dr. Mastromarino to accept the Minutes of July 15, 2004 after correction of typos. The Board unanimously to accept.

Dr. McVicar introduced Dr. Jim Martin of St. Joseph Medical Center as our host for the meeting this month. Dr. Martin welcomed everyone and updated the Board on the changes at the Medical Center. Changes would include the new Emergency Room that is almost complete.

#### **DISCUSSION AND ACTION PROJECTS**

**Board Membership /Reappointments:** Waiting on letter from Region V to finalize nominations from that region.

**Mark-I Protocol:** Protocol was sent to MCB via email for review and comment. Questions were raised via email regarding the dosing for pediatrics. Conflict exists between manufacturer and various boards on proper doses. A smaller Mark II kit for children is manufactured by Meridian Medical but is not available in the US.

Dr. McVicar presented table with weights and dosages by severity of symptoms to illustrate problems with dose v. weight respective of NH protocol. Dr. Siegart asked if the experimental LD50 would be different in the presence and absence of exposure to nerve agents. A second question was if the dose is different if an IV is in place. Dr. McVicar suggested that the reason for the Mark I kit is so that lesser trained provider could administer the drugs. Studies that address dosage and toxicity issues are mainly done on animals and human trials if any are not current.

Dr. Gougelet advised that the Mark II kits should be available soon and that the pediatric atropine pens are already available in the CHEMPACKS which could be made available in case of terrorist event or mass casualty. The dosing is there, the delay seems to be with the availability of auto-injector kits. He also advised that the auto-injectors should only be used for MCI or when time to reconstitute drugs is not available. That point should be highlighted in the protocol. He stated that we have only 300 trained Hazmat responders.

Dr. Hubbell asked if the Mark I kit is the military version or a civilian issue and also commented on the toxic and adverse effects of 2-PAM. Dr. Gougelet advised that the civilian Mark I is the same as that used by the military. [Mark I kit sample circulated for group to inspect.] Is the intention for these kits to be available on units or in a cache system? Chief Prentiss responded that recent high profile mass gatherings – the DNC, NASCAR races and upcoming presidential campaign events – made the deployment of Mark I by caches an urgent issue. Chief Prentiss said that funds are also available to place Mark I kits on EMS Response units within the next year.

Dr Hubbell is pleased that the kits will be available, but is concerned that attention not be diverted from the basics of Hazmat response – which are the same whether the contamination is limited or massive. Use of the kits is can be lifesaving, but is far from the first step in a properly executed response. Our training must emphasize the primary importance of recognition including awareness of the S-L-U-D-G-E-M syndrome, use of protective gear, avoidance of unnecessary contamination of providers, containment and field decontamination of victims. More urgency should be placed on interagency cooperation.

Dr. Fore asked about the plan for local cache of atropine and 2-PAM. Dr. Gougelet advised that they are working on the plan for the state. Cached resources for local response are needed since Federal resources are 12 to 24 hours away. Local CHEMPACKS (10 by the middle of next year) can treat up to 1000 patients.

Janet Houston reminded the group of the recent school event in Russia which illustrates the need to address the pediatric population.

Dr. McVicar thanked everyone for their input and asked for specific comments about the protocol:

1. Place S-L-U-D-G-E-M acronym should be added to the top of protocol.
2. Decontamination language brought out
3. Reinforce that the Mark I kits are indicated for MCI or when time is critical
4. When possible use weight based dosing
5. Change "Force Protection" to "Provider Protection"
6. Add language "if Mark II kit is available, use for pediatric patients"

Motion to approve protocol after addition of 6 amendments by Mastromarino seconded by D'Aprix. Approved unanimously.

### **Protocol Content Review/ALS Task Force**

Dr. Albertson thanked the members of the protocol subcommittee for their work and noted that the group has had 50 hours of face time and well over 100 hours of prep time and travel time. The protocols now are ready for wide distribution for a careful review prior to final adoption. If all of us do a careful read of the entire document it will minimize the need for a lengthy errata early in 2005.

Dr. Hubbell and Dr. McVicar expressed doubts about the relevance of a lights and siren policy in Patient Care Protocols. John Clark said that the spirit of the addition of this protocol was to bring the issue of provider safety to a higher level and to provide guidance to the squads.

Jean Erickson said that many squads are looking for guidance on this issue.

Fred Heinrich advised that there are many issues with the protocol as written and that he opposes dictating use of warning devices for providers.

Chief Prentiss commented that the motor vehicle law is controlling and there is a need for something that would bring this information to squads to help them to form their own policies.

David Hogan said that the protocol subcommittee's idea was to create a document whose spirit was to not create absolutes, but to provide guidance.

The decision of the board was to remove it from the protocols and send it to the coordinating board which has undertaken a Provider Safety Initiative. They will discuss and refine this protocol. They may want to submit it to the bureau to introduce this as a "best practice" document.

Dr. Albertson asked if there were any additional comments on protocols.

John Clark reviewed timeline for copy editing and publishing schedule.

Dr. McVicar pointed out that the protocols could be released on the web and thus become effective on the target date – even if the printed version is not yet back from the printer.

Questions from Dr. Hubbell and Dr. D'Aprix about the Medical Resource Hospitals' responsibility when the new protocols come out.

Dr. McVicar asked if the complete document could be distributed for review not just to MCB members, but to a much larger group. Dr. Albertson said that the document would be available electronically for comment.

Dr. McVicar suggested that we offer a prize for the person that finds the greatest number of errors. Asked if the bureau could establish a comment period with specific end date and guidelines/disclaimer for the review process.

Chief Prentiss said that the Bureau would do so.

#### **Commissioner's Ad Hoc Protocols Working Group – Draft Recommendations**

Dr. Albertson distributed draft letter from the Ad Hoc Protocols Working Group to Commissioner Flynn. Asked that everyone take a minute to read...

Recognized Fran Dupuis for her efforts on the committee and had her echo the thought that the group is working collectively.

Dr. McVicar asked about the language in recommendation #4. Suggested to move the first sentence down to be an introduction to the technical fast track language. His second comment is that recommendation #4 be moved within the document to improve the sequence and flow of the document.

Dr. Martin asked about recommendation #5. He has concern that the medical director appears to be removed from the loop. Also is this compatible with the continuing need for the EMS Medical Director's signature on National Registry renewal applications?

Dr. Albertson addressed this by reinforcing that the spirit of the group was to allow for removal of the medical director from hiring and firing type decisions, especially if they were not related to clinical care. Channels were created to allow for the medical directors to bring issues to unit leaders.

Fran Dupuis added to Dr. Albertson's comments and reminded the group that the Bureau of EMS has the ability to step in if issues are raised. Chief Prentiss applied the caveat that local option investigations are allowed if the Bureau is made aware. Fran Dupuis also suggested added language to address the NREMT issue to make it clearer.

Dr. Martin stated that the Medical Director will have few performance improvement tools available except refusal to sign NREMT form.

Dr. Mastromarino asked if that created a due process issue. Chief Prentiss responded that she does not feel that it does.

Dr. Martin expressed additional concerns about the time lag if a provider is truly dangerous. Dr. Albertson suggested that there isn't a time lag if the unit leader is contacted and the issue is addressed. Dr. Albertson suggested that most issues will be handled collegially with a 60 second phone call. Only rare incidents will get to the Bureau level. The sense of the Ad Hoc group was that the changes are consistent with good relationships, and good patient care so the emphasis is on the first part of recommendation #5. Dr. Albertson expects in the future increased expectations of professionalism and accountability on the part of EMS providers.

Chief Prentiss said that as an emergent issue, a life safety issue, the bureau can move as quickly 12 – 24 hours to suspend a license to practice.

Fred Heinrich said that most departments would pull someone that a medical director expressed a concern over because it is a risk management issue that a city doesn't want.

Jeff Stone said that while Mr. Heinrich's comment may be true for full time departments, it isn't true for all squads, especially smaller squads. He cited the case of a single-paramedic volunteer system, where he felt a Chief with a Basic license might find it difficult to correct the Medic's clinical practice, even though the Chief is administratively responsible.

Dr. Albertson said that it would need to have follow-up to ensure that the remediation is working.

Dr. Sabato asked if current rule required EMS units to have their own QA process. Chief Prentiss advised that it is not, but that the recommendation does have language about improving the statute to cover QA activities

Doug Martin asked about legal protection of the medical director. Dr. Albertson felt that this recommendation strengthens legal protection.

Dr. Albertson said that the deadline for the letter to the commissioner is September 21, 2004.

Doug Martin asked if language in recommendation#1 regarding adherence to nationally accepted standards would change the Scope-of-Practice of the EMT-I and others. Dr. Albertson advised that there would not be a change and that the local tweaking of EMT-I/85, for example, would not change and that the NH versions would probably continue to exist, perhaps through grandfathering.

Jeff Stone asked if the current rules address non-clinical, personal conduct concerns such as drug/alcohol issues. Chief Prentiss advised that statute and rule do address this.

## **CPAP Evaluation Project Report**

Fred von Recklinghausen presented the results from the CPAP evaluation study. CPAP cases from Sept 2002 to the present were collected by Derry and Salem EMS, a total of 22 patients. Objective evaluation looked at oxygen saturation which rose from 84-85% to 93% with CPAP, a statistically significant difference. Subjective evaluation looked at patient distress which fell from a mean of 8.9 (on a 10 point scale) to 3.9 with CPAP, also a statistically significant difference. Fred von Recklinghausen thanked Michelle Baker for her excellent statistical work on this project.

Question from Dr. McVicar about the use of a control group. Fred von Recklinghausen said that there was none in this admittedly limited study.

Doug Martin asked if there were any data on the number of patients who went on to require intubation, but that information was not collected.

Dr. McVicar thanked Fred for the presentation and asked for recommendations. Fred von Recklinghausen said that the information showed that the patients improved their oxygenation, appeared to feel better, and that there were no bad outcomes. EMS providers and the ED both liked using the CPAP.

Fred Heinrich said that from his personal interaction with Derry Fire staff, that they feel it is an amazingly simple and positive therapy. He also wanted to point out what an excellent performance was turned in by the providers who correctly made the field diagnosis of CHF -- without the benefit of X-ray -- in 22 out of 23 cases.

Motion from Dr. Hubbell second by Dr. Fore to approve CPAP for the new edition of the Protocols. Unanimously approved. The Protocols Subcommittee has already prepared a protocol in anticipation of this approval, so there will be no delay.

### **III. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS**

#### **Item 1. ACEP Report – Dr. Sabato**

Dr. Sabato stated there would be a November education program. The ALCERT program may be canceled to lack of enrollment. .

#### **Item 2. Board of Pharmacy Liaison - Dr. McVicar**

No report.

#### **Item 3. EMS Immunization Project – Dr. Sabato**

The education program is ready and will be rolled out by region. Training will allow for practice in a clinical environment and serum is available. More reports by next meeting.

#### **Item 4. Intersections Initiative – Dr. Sabato**

Enhanced EMS Injury Prevention program was asked to be a model for a national program. Safe Driving summit is set for December 9<sup>th</sup>. The focus of the summit is "Safe drivers, safe roads & safe vehicles".

**Item 5. Division of Fire Standards & Training and EMS Report - Chief Sue Prentiss** – Chief Prentiss reviewed content of report that is in the packets that were distributed to the members. See attached report for details.

**Item 7. E-911 Report – S. L’Heureux**  
No report.

**Item 8. DMRS- Dr. Sabato**  
Training in 2 and a half weeks. See Dr. Sabato for details and more information.

**Items of Interest/Public Comment**

**III. ADJOURNMENT**

**Motion** was made by Dr. Hubbell and seconded by Dr. Siegart to adjourn.  
Unanimous agreement adjourned at 12:00.

**VI. NEXT MEETING**

The meeting of the Medical Control Board will be on November 18, 2004 at the New Hampshire Fire Academy in Concord, NH.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

Dosage Capped at Upper Limit of Acceptable Range								
	As Soon as							
	Symptoms		Progressive		Severe			
	Appear		Symptoms		Symptoms			
5	600	120	1200	240	1800	360		
10	600	60	1200	1	18	1		
				2	00	8		
				0		0		
1	6	4				1		
5	0	0	12	8	18	2		
	0		00	0	00	0		
2	6	3				9		
0	0	0	12	6	18	0		
			00	0	00			
2	6	2				7		
5	0	4	12	4	18	2		
			00	8	00			
3	6	2				6		
0	0	0	12	4	18	0		
			00	0	00			
3	6	1				5		
5	0	7	12	3	18	1		
			00	4	00			
4	6	1				4		
0	0	5	12	3	18	5		
			00	0	00			
4	6	1				4		
5	0	3	12	2	18	0		
			00	7	00			
5	6	1				3		
0	0	2	12	2	18	6		
			00	4	00			
5	6	1				3		
5	0	1	12	2	18	3		
			00	2	00	3		

6 0	6 0 0	1 0	12 00	2 0	18 00	3 0				
6 5	6 0 0	9	12 00	1 8	18 00	2 8				
7 0	6 0 0	9	12 00	1 7	18 00	2 6				
7 5	6 0 0	8	12 00	1 6	18 00	2 4				
8 0	6 0 0	8	12 00	1 5	18 00	2 3				
8 5	6 0 0	7	12 00	1 4	18 00	2 1				
9 0	6 0 0	7	12 00	1 3	18 00	2 0				
9 5	6 0 0	6	12 00	1 3	18 00	1 9				
1 0 0	6 0 0	6	12 00	1 2	18 00	1 8				
1 0 5	6 0 0	6	12 00	1 1	18 00	1 7				
1 1 0	6 0 0	5	12 00	1 1	18 00	1 6				

DosageCappedatUpperLimitofAcceptableRange						
	AsSoonas					
					Severe	

	Symptoms		Progressive			
	Appear		Symptoms		Symptoms	
5	Measuredose:		Measuredose:		Measuredose:	
10	25mg/kg		50mg/kg		50mg/kg	
15	600	40	600	40	600	40
20	600	30	600	30	600	30
25	600	24	1200	48	1200	48
30	600	20	1200	40	1200	40
35	600	17	1200	34	1200	34
40	600	15	1200	30	1800	45
45	600	13	1200	27	1800	40
50	600	12	1200	24	1800	36
55	600	11	1200	22	1800	33
60	600	10	1200	20	1800	30
65	600	9	1200	18	1800	28
70	600	9	1200	17	1800	26
75	600	8	1200	16	1800	24
80	600	8	1200	15	1800	23
85	600	7	1200		1800	

				1 4		2 1
90	600	7	1200	1 3	1800	2 0
95	600	6	1200	1 3	1800	1 9
10 0	600	6	1200	1 2	1800	1 8
10 5	600	6	1200	1 1	1800	1 7
11 0	600	5	1200	1 1	1800	1 6

Dosage Expressed as number of Kits (except for children under 10 kg.)						
	As Soon as					
	Symptoms		Progressive		Severe	
	Appear		Symptoms		Symptoms	
5	Measured dose:		Measured dose:		Measured dose:	
10	25mg/kg		50mg/kg		50mg/kg	
15	One(1) Kit	4 0	One(1) Kit	4 0	One(1) Kit	4 0
20	One(1) Kit	3 0	One(1) Kit	3 0	One(1) Kit	3 0
25	One(1) Kit	2 4	Two(2) Kits	4 8	Two(2) Kits	4 8
30	One(1) Kit	2 0	Two(2) Kits	4 0	Two(2) Kits	4 0
35	One(1) Kit	1 7	Two(2) Kits	3 4	Two(2) Kits	3 4

40	One(1)Kit	15	Two(2)Kits	30	Three(3)Kits	45
45	One(1)Kit	13	Two(2)Kits	27	Three(3)Kits	40
50	One(1)Kit	12	Two(2)Kits	24	Three(3)Kits	36
55	One(1)Kit	11	Two(2)Kits	22	Three(3)Kits	33
60	One(1)Kit	10	Two(2)Kits	20	Three(3)Kits	30
65	One(1)Kit	9	Two(2)Kits	18	Three(3)Kits	28
70	One(1)Kit	9	Two(2)Kits	17	Three(3)Kits	26
75	One(1)Kit	8	Two(2)Kits	16	Three(3)Kits	24
80	One(1)Kit	8	Two(2)Kits	15	Three(3)Kits	23
85	One(1)Kit	7	Two(2)Kits	14	Three(3)Kits	21
90	One(1)Kit	7	Two(2)Kits	13	Three(3)Kits	20
95	One(1)Kit	6	Two(2)Kits	13	Three(3)Kits	19
100	One(1)Kit	6	Two(2)Kits	12	Three(3)Kits	18
105	One(1)Kit	6	Two(2)Kits	11	Three(3)Kits	17
110	One(1)Kit	5	Two(2)Kits	11	Three(3)Kits	16